Company Tracking Number: AR-GL-103108-BHHC-F1

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: n/a
Project Name/Number: /

## Filing at a Glance

Companies: 10855 - CYPRESS INSURANCE COMPANY, 20044 - CORNHUSKER CASUALTY COMPANY

Product Name: n/a SERFF Tr Num: ARKS-125838114 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #200378 \$50 Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: AR-GL-103108-BHHC- State Status: Fees verified and

F1 received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith

Roberts

Author: Disposition Date: 10/08/2008

Date Submitted: 09/30/2008 Disposition Status: Approved

Effective Date Requested (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

1 form

#### **General Information**

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 10/08/2008

State Status Changed: 10/08/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

# **Company and Contact**

**Filing Contact Information** 

NA NA, NA@NA.com

NA (123) 555-4567 [Phone]

Company Tracking Number: AR-GL-103108-BHHC-F1

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Project Name: n/a
Project Name/Number: /

NA, AR 00000

**Filing Company Information** 

10855 - CYPRESS INSURANCE COMPANY CoCode: 10855 State of Domicile: Arkansas

No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:

(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

-----

20044 - CORNHUSKER CASUALTY CoCode: 20044 State of Domicile: Arkansas

COMPANY

No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:

(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

-----

Company Tracking Number: AR-GL-103108-BHHC-F1

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: n/a Project Name/Number:

## **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

Company Tracking Number: AR-GL-103108-BHHC-F1

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: n/a
Project Name/Number: /

# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/08/2008	10/08/2008

Company Tracking Number: AR-GL-103108-BHHC-F1

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Project Name: n/a
Project Name/Number: /

## **Disposition**

Disposition Date: 10/08/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

**Overall Rate Information for Multiple Company Filings** 

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: AR-GL-103108-BHHC-F1

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: n/a
Project Name/Number: /

Item Type Item Name Item Status Public Access

Yes

Supporting Document Uniform Transmittal Document-Property & Approved

Casualty

Supporting Document ARKS-125838114 Yes

Company Tracking Number: AR-GL-103108-BHHC-F1

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: n/a
Project Name/Number: /

## **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: AR-GL-103108-BHHC-F1

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Project Name: n/a
Project Name/Number: /

# **Supporting Document Schedules**

**Review Status:** 

**Satisfied -Name:** ARKS-125838114 10/08/2008

Comments: Attachment:

ARKS-125838114.pdf

# ARKS-125838114



# **Berkshire Hathaway Homestate Companies**

875005# 00.00

Redwood Fire and Casualty Insurance Company Cornhusker Casualty Company Brookwood Insurance Company Continental Divide Insurance Company
Oak River Insurance Company
Cypress Insurance Company

September 26, 2008

Honorable Julie Benafield Bowman Commissioner of Insurance Arkansas Department of Insurance 1200 West Third Street Little Rock, Arkansas 72201-1904

Subject:

Cornhusker Casualty Company and Cypress Insurance Company

Form Filing

Commercial General Liability Endorsement

NAIC #s: 031-20044, 031-10855

Company Filing #: AR-GL-103108-BHHC-F1

Effective Date: October 31, 2008

Approved until withdrawn or revoked

Olpt 30 2008

Arkansas Insurance Department

Dear Commissioner Bowman:

Communication Co

"The endorsement applies to policies effective on or after October 31, 2008."

If we do not receive approval by October 31, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsement in this filing is in regards to Commercial General Liability coverage and is intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

Sincerely,

Diane M. Pokorny Regulatory Analyst

dpokorny@bh-hc.com

9290 West Dodge Road, Suite 300 • Omaha, Nebraska 68114-3363 • Phone: (402) 393-7255 Main Fax: (402) 393-7619 • Auto/W. Comp Fax: (402) 393-7933 • Underwriting Fax (402) 391-6797

# **Property & Casualty Transmittal Document**

	Reserved for Insurance, Dept. Use Only	a. Dat b. Ana c. Dis d. Dat e. Effe	e the filing is reallyst: position: e of disposition ective date of file	ceived:			
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			RFF Filing #:				
		h. Sub	ject Codes				
3.	Group Name					Gı	roup NAIC #
	Berkshire Hathaway Homestate	Companies				00	
4.	Company Name(s)		Domicile	NAIC#	FEIN#		State #
	Cornhusker Casualty Company		NE	20044	47-052994		
	Cypress Insurance Company		CA	10855	95-604292		
						REA	EWED
						HLU	
						SEP 3	0 2008
5.	Company Tracking Number	A	R-GL-103108-BI	HC-F1			CASUALTY DIVISION
							· ·
Con	tact Info of Filer(s) or Corpora	ate Officer(s)	[include toll-fre	e number]	ARMANSA	10 11100	
Con 6.	Name and address	ate Officer(s) Title	[include toll-fre		X #		e-mail
	Name and address Diane Pokorny	<b>Title</b> Regulatory	Telephone	#s FA	\X #		e-mail y@bh-hc.com
	Name and address Diane Pokorny 9290 W. Dodge Road	Title	Telephone	#s FA	\X #		
	Name and address Diane Pokorny 9290 W. Dodge Road Ste. 300	<b>Title</b> Regulatory	Telephone	#s FA	\X #		
	Name and address Diane Pokorny 9290 W. Dodge Road	<b>Title</b> Regulatory	Telephone	#s FA	\X #		
	Name and address Diane Pokorny 9290 W. Dodge Road Ste. 300	<b>Title</b> Regulatory	Telephone	#s FA	\X #		
	Name and address Diane Pokorny 9290 W. Dodge Road Ste. 300	<b>Title</b> Regulatory	Telephone	#s FA	\X #		
	Name and address Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114	<b>Title</b> Regulatory	Telephone 800-488-293	#s FA 0 402-393	<b>AX #</b> 3-7619 dg		
6.	Name and address  Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114  Signature of authorized filer	Title Regulatory Analyst	Telephone 800-488-293	#s FA 0 402-393	<b>AX #</b> 3-7619 dg		
7. 8.	Name and address  Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114  Signature of authorized filer Please print name of authoric	Title Regulatory Analyst	Telephone 800-488-293  Diane M. Po	#s FA 0 402-393 U. Hoke korny	AX # 3-7619 dg		
7. 8.	Name and address  Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114  Signature of authorized filer Please print name of authori ng information (see General)	Title Regulatory Analyst  zed filer Instructions 1	Telephone 800-488-293 Diane M. Po	#s FA 0 402-393 U. Hoke korny	AX # 3-7619 dg		
7. 8. Fili 9.	Name and address  Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114  Signature of authorized filer Please print name of authorized filer Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of In	Title Regulatory Analyst  zed filer Instructions 17 TOI) 17	Telephone 800-488-293 Diane M. Po	#s FA 0 402-393 U. Hoke korny	AX # 3-7619 dg		
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7. 8. Fili 9. 10.	Name and address  Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114  Signature of authorized filer Please print name of authori ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type State Specific Product code(s) applicable) [See State Specific Require	Zed filer  Instructions 1  FOI) 17  (if rements] 17  cetting title) Co	Diane M. Po  for descriptions of the second	#s FA 0 402-393 korny of these fields ral Liability Rules mbination Rate	Rates/Rules s/Rules/Forms	ookorn	
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# Property & Casualty Transmittal Document---

		any mans	imital Document——			
15.	Reference Filing?	Yes	⊠ No			
16.	Reference Organization (if applicable)					
17.	Reference Organization # & Title					
18.	Company's Date of Filing	9/26/2008				
19.	Status of filing in domicile	Not File	ed Pending Authorized Disapproved			
20.	This filing transmittal is part of Company	Tracking #	AR-GL-103108-BHHC-F1			
21.	Filing Description [This area can be used in li	ov of a server	etter or filing memorandum and is free-form text]			
	ndment of Personal and Advertising Injury Liab					
Tille	difficult of Fersonal and Advertising injury Lian	onity (CL 616	05 09 08)			
The a	bove form modifies insurance provided under	the Commerc	ial General Liability Coverage Form. It will be			
mand	atory on every policy with GL coverage.		and control Elacinity coverage Form. It will be			
22.	Filing Fees (Filer must provide check # and fe	ee amount if	applicable)			
	[If a state requires you to show how you calcu	lated your fil	ing fees, place that calculation below]			
Ch	eck#: 0000200378					
	nount: 50.00					
Refe	Refer to each state's checklist for additional state specific requirements or instructions on calculating					
fees.						
***R	defer to each state's checklist for additional s	tate specific	requirements (i.e. # of additional copies required,			

PC TD-1 pg 2 of 2

other state specific forms, etc.)

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking # AR-GL-103108-BHHC-F1						
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)						
3.	Form Name /Description/Synopsis	Form # Include edition date	Replac Or withdr		If replacement, give form # it replaces	Previous state filing number, if required by state	
01	Amendment of Personal and Advertising Injury Liability	CL 6165 09 08	Wi	olacement thdrawn			
02				w placement thdrawn			
03				w placement thdrawn			
04			Wi Wi	placement thdrawn			
05			Wi Wi	placement thdrawn			
06			Wi	placement thdrawn			
07			Wi	placement thdrawn			
08			│	placement thdrawn			
09			☐ New ☐ Replacement ☐ Withdrawn				
10				ew placement ithdrawn			

PC FFS-1

4

# EXPLANATORY MEMORANDUM (AR-GL-103108-BHHC-F1)

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an endorsement for Commercial General Liability coverages in Arkansas. This filing represents an independent program of the companies.

#### **Effective Date**

We hereby propose the following effective date rule:

"The endorsement applies to policies effective on or after October 31, 2008."

If we do not receive approval by October 31, 2008, an amended effective date will be selected upon approval.

#### A Summary of Submitted Forms

#### Amendment of Personal and Advertising Injury Liability (CL 6165 09 08)

The above form modifies insurance provided under the Commercial General Liability Coverage Form. It will be mandatory on every policy with GL coverage.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsement in this filing together with the approved ISO forms.

#### **Person to Contact**

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930, 3118. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

#### THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# **Amendment of Personal and Advertising Injury Liability**

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

- II. Under SECTION 1 COVERAGES, COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions, a., the following exclusion is added:
  - a. "Personal and advertising injury":
    - (11) Arising out of:
      - (a) Infringement, disparagement, dilution, diminishment of or damage to:
        - i. Copyright, slogan or title;
        - ii. Patent;
        - iii. Trademark, servicemark, collective mark, or certification mark, including without limitation any word, name, symbol, device or any combination thereof used to identify or distinguish the origin of a good, product or service;
        - iv. Trade Secret;
        - v. Trade dress including without limitation, any shape, color, design or appearance used to distinguish the origin of a good, product or service;
        - vi. Advertising ideas, concepts, campaigns, or style of doing business; or
        - vii. Any other intellectual property rights recognized or implied by law.
      - (b) False designation of the origin of a good, product or service;



# **Berkshire Hathaway Homestate Companies**

Redwood Fire and Casualty Insurance Company Cornhusker Casualty Company **Brookwood Insurance Company** 

Continental Divide Insurance Company Oak River Insurance Company Cypress Insurance Company

Approved until withdrawn or revoked

September 26, 2008

Honorable Julie Benafield Bowman Commissioner of Insurance Arkansas Department of Insurance 1200 West Third Street Little Rock, Arkansas 72201-1904

Arkansas Insurance Department CEVED

SEP 3 0 2008

PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT

Subject:

Cornhusker Casualty Company and Cypress Insurance Compan

Form Filing

Commercial General Liability Endorsement

NAIC #s: 031-20044, 031-10855

Company Filing #: AR-GL-103108-BHHC-F1

Effective Date: October 31, 2008

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an endorsement for Commercial General Liability coverages in Arkansas. We hereby propose the following effective date rule:

"The endorsement applies to policies effective on or after October 31, 2008."

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Sincerely,

Diane M. Pokorny Regulatory Analyst

dpokorny@bh-hc.com

# EXPLANATORY MEMORANDUM (AR-GL-103108-BHHC-F1)

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  - a. "Personal and advertising injury":
    - (11) Arising out of:
      - (a) Infringement, disparagement, dilution, diminishment of or damage to:
        - i. Copyright, slogan or title;
        - ii. Patent;
        - iii. Trademark, servicemark, collective mark, or certification mark, including without limitation any word, name, symbol, device or any combination thereof used to identify or distinguish the origin of a good, product or service;
        - iv. Trade Secret;
        - v. Trade dress including without limitation, any shape, color, design or appearance used to distinguish the origin of a good, product or service;
        - vi. Advertising ideas, concepts, campaigns, or style of doing business; or
        - vii. Any other intellectual property rights recognized or implied by law.
      - (b) False designation of the origin of a good, product or service;

# **Property & Casualty Transmittal Document**

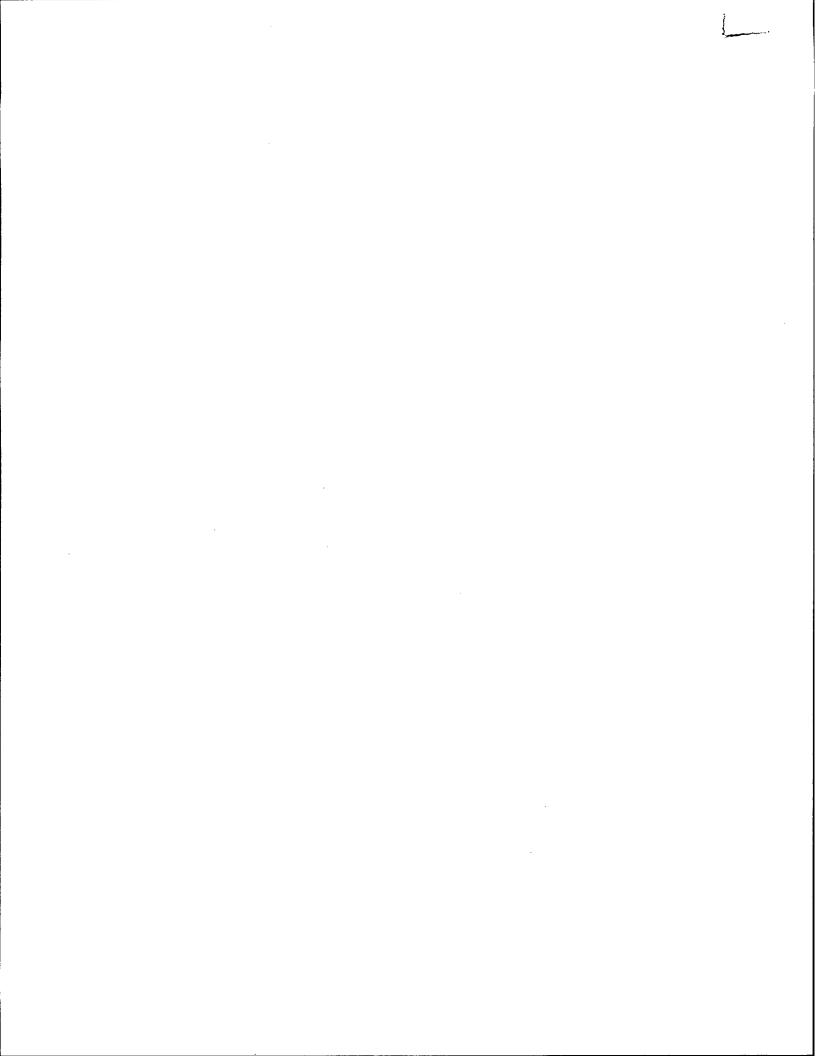
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3.	Group Name						Gr	oup NAIC #
	Berkshire Hathaway Homestate	Companies					003	
4.	Company Name(s)		Domicile	NAI	C #	FEIN#	- 001	State #
	Cornhusker Casualty Company		NE	2004		47-0529945		State #
	Cypress Insurance Company		CA	1085		95-6042929		
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# Property & Casualty Transmittal Document---

15. Reference Filing?			
17. Reference Organization # & Title  18. Company's Date of Filling   9/26/2008  19. Status of filling in domicile   Not Filed   Pending   Authorized   Disapproved  20. This filing transmittal is part of Company Tracking #   AR-GL-103108-BHHC-F1  21. Filing Description   This area can be used in lieu of a cover letter or filing memorandum and is free-form text    Amendment of Personal and Advertising Injury Liability (CL 6165 09 08)  The above form modifies insurance provided under the Commercial General Liability Coverage Form. It will be mandatory on every policy with GL coverage.  22. Filing Fees (Filer must provide check # and fee amount if applicable)  [If a state requires you to show how you calculated your filing fees, place that calculation below]  Check #: 0000200378  Amount: 50.00  Refer to each state's checklist for additional state specific requirements or instructions on calculating			☐ Yes ☐ No
18. Company's Date of Filing 9/26/2008  19. Status of filing in domicile		``````	
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PC TD-1 pg 2 of 2

other state specific forms, etc.)



## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

.1.	This filing transmittal is part of Company Tracking #   AR-GL-103108-BHHC-F1						
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)						
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?		If replacement, give form # it replaces	Previous state filing number, if required by state	
01	Amendment of Personal and Advertising Injury Liability	CL 6165 09 08	Wi	olacement thdrawn			
02			☐ Wi	olacement thdrawn			
03				w placement thdrawn			
04			Wi Wi	placement thdrawn			
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06				placement ithdrawn			
07			$\square$ W	placement ithdrawn			
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